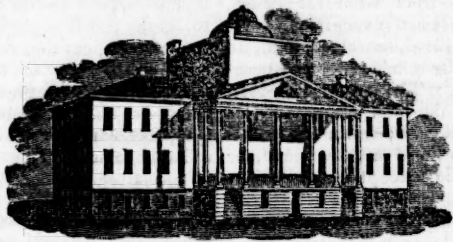


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## I.

*A Dissertation on the Disease called an Irritable State of the Urinary Bladder ; its Causes and Treatment.*

By USHER PARSONS, M.D.

(Concluded from page 728.)

AN irritable state of the bladder from inflammation may, like that which depends on debility of the organ, be divided according to its cause into two kinds, local and sympathetic. The local causes are too long a voluntary retention of the urine, as often happens in riding a great distance in a carriage, on our being closely impacted in large assemblies or public courts, or so strongly chained by the interest or eloquence of a subject discussed in such a place, that we cannot consent to retire so soon as we ought. The irritation of distension long endured may cause a spasmodic constriction of the neck of the bladder,—this often happens in those whose urethra has suffered much from

previous gonorrhœal inflammation,—and the urine will at length, by the stimulus of distension, and by its increased acrimony, from absorption of its aqueous part, excite inflammation, and an irritable state of the bladder. Violent blows on the region of the bladder ; riding rudely on horseback, or with too elevated a pommel to the saddle ; compression in labor ; the presence of foreign substances introduced, as a sound or bougie, or from gun-shot wounds ; or needles passing from the stomach ; irritating injections ; calculi in the form of stone, gravel, or sand ; acrid urine from cantharides taken or absorbed by the skin ; the use of substances possessing aphrodisiac powers ; excessive venery ; acrid diuretics, as balsams, and turpentine ; the latter may be inhaled into the circulation through the lungs, in a newly painted room, as has been proved by examining the urine of persons after such exposure. A dissecting room, where much turpentine is used in

making preparations, I have known produce an irresistible desire to void urine in some persons, every time they entered it. Lastly, acute and chronic catarrh of the bladder, from whatever cause, and ulcers and cancers, diseased mucus, blood, or other fluid, to which the bladder is not accustomed. "The urine," says Haller, "is the least uneasy stimulus of the bladder; water injected is more so; and mucus, blood, or other fluid, except healthy urine, causes more or less irritation." This is true, however, only when the bladder is in a healthy state: when its vital properties are changed, as by inflammation, the qualities of the urine in relation to them are no longer the same,—it becomes a morbid stimulus; while pure water or mucilaginous solutions will, under such circumstances, have the effect to soothe and allay irritation.

Among the sympathetic causes, may be mentioned those acting on other organs, and propagated to its mucous membrane by continuity of texture; as renal irritation or inflammation, from whatever cause,—urethral, from stricture and virulent gonorrhœa, which is the most frequent cause of an irritable state of the bladder. This tendency of the bladder to participate in diseases of the continuous mucous coat, lining the whole length of the urinary channels, seems to depend, first, on the peculiar and identical degree of sensibility and irritability assigned to this one and the same structure throughout its whole extent; and, secondly, on the sympathy always found to exist between parts engaged in the same function. On this account it is advisable, in all cases of irritable bladder suspect-

ed to proceed from sympathetic inflammation, to have an eye first to the several parts of the urinary passages lined by the mucous membrane: next to this the contiguous organs should be looked to; as the prostate gland, the uterus and vagina, the rectum and anus, and injuries of the spine;—also remote organs, as the skin,—which holds an intimate sympathy with the bladder, as is evinced sometimes by the effect on the latter of suddenly repelled cutaneous diseases. I have seen two cases of inveterate psora cured suddenly, that were followed by a long continued irritability of the bladder. In one of them, a child, nine years old, the disease assumed the character of irritability from debility, and was prolonged until the time of puberty,—sudden suppression of accustomed evacuations, as of perspiration, of hæmorrhoids, and of the catamenia. A reviewer of Bingham's book concludes by saying, "one affection of the bladder he has not noticed, and we know of no one who has particularly described or even alluded to it. It is a very distressing affection of the bladder, produced by sudden check of the catamenia. It has been mistaken for and described as some affection of the uterus,—it is, however, seated in the bladder."

The most prominent symptoms of irritable bladder are, frequent inclinations to void the urine; a sense of uneasiness, sometimes of heat, in the bladder, and a tenderness to pressure; pain; in some cases urgent tenesmus and straining, which are most severe in discharging the last drops. The turgid vessels near the neck sometimes give way and cause a discharge of blood. A mucous dis-

charge is very common, and is a diagnostic symptom, in most cases, between inflammatory irritability and that which depends on debility. This symptom is worthy of more attention in respect to the different states of the mucus, and therefore justifies the following extract from Bingham. "Mucus from the bladder is met with of four different kinds, or in four different states. Sometimes it appears much like jelly, adhering all round the inside of the vessel into which it is voided; and in one instance of this which I have seen, the mucus had a slight greenish hue, but in other cases it has been perfectly free from color. Sometimes the mucus resembles pus so nearly, as to make it difficult to discriminate between them. A third kind is glairy mucus, so thick and tenacious that the end of a stick entangled in it, will elevate the whole in the form of a thick rope. The fourth only differs from the latter in containing a quantity of earthy matter, which is sometimes so fine and white as to have been compared to hair powder; but I have seen it in rough particles about the size of mustard seeds, and one or two pieces have been nearly as large as a grain of wheat: in this state it looked very much like old mortar. The best way to determine whether there be a morbid secretion of mucus from the bladder, is to observe the urine immediately after it is voided, whilst it remains warm, for when cold it often throws down a sediment which may be mistaken for mucus. If none but cold urine can be obtained, it should be heated to the temperature of the internal parts of the body, before observation be made on it. If mucus appears

under these circumstances it will be more satisfactory, but if the urine be perfectly clear, we are not thence to feel assured that it contains no vesical mucus, because I have seen urine that was both clear at the time of voiding it, and after standing to grow cold, from which a deal of mucus separated and clung to the side of the pot so firmly, as to allow the urine to be poured away from it. Pus, I believe, may be distinguished from mucus by observing how it mixes with the urine. Pus seems to me both to blend more readily with the urine when they are stirred together, and to separate more completely than mucus does. To the best of my recollection, in every instance where I have had no doubt of pus coming away with the urine, the latter has always retained a milky or rather whey-like appearance. Sometimes the best mode of discriminating between the two, is to let the urine stand perfectly undisturbed for some hours in a cold place. Thus I have known a discharge from the bladder,—which, when first voided, was so much like pus that I could not determine its nature, but which I was inclined to think pus,—after standing a few hours, assume so consistent a form, as to leave no doubt of its being mucus. The smell of vesical mucus will also often distinguish it.

From the secretion of the prostate it may be distinguished by not having the peculiar mawkish smell of the latter,—from its containing earthy particles,—from its rapidly becoming putrid and discharging much ammonia, and from its being discharged only with the urine; whereas the prostatic secretion, when formed in an unusual quan-

tity, generally escapes externally along the urethra, as rapidly as it is forced out from the prostate.

"Mucus that is discharged along with the urine, very possibly may come from the kidneys; but when this happens, it seldom appears in considerable quantity, unless it bears a great resemblance to pus. Precisely the same kind of mucus may be secreted by the bladder; therefore a correct discrimination may sometimes be difficult,—we must be guided chiefly by other symptoms. If there be indications of disease in the renal glands more violent than the symptoms of disease in the bladder, and if they existed before those of the bladder, then we may be allowed to suppose that the mucus comes from the kidneys; but if the bladder was known to be diseased before the kidneys, then we may suppose the symptoms of disease in the latter to be sympathetic, and may conclude the mucus comes from the bladder."

The prognosis must be regulated by the degree of violence in the inflammation; threatening on the one hand gangrene and high symptomatic fever, or promising on the other a resolution, and leaving no permanent organic lesion;—by the extent and duration of functional interruption,—by the nature and magnitude of the sympathetic affection, threatening exhaustion from excessive discharge of mucus and from constitutional irritation.

When the disease is of local origin, some general remedies are applicable, which must, however, be varied according to the intensity of the symptoms and the cir-

cumstances of the patient. The first indication that ought to engage the attention, is, to calm the irritation of the organ and subdue inflammatory symptoms. If the symptoms are violent, bloodletting should be employed,—the more suddenly the abstraction is made the better. On this account it may be advisable, in cases of great intensity of suffering, to bleed from both arms at once. The body may be immersed in the warm bath, and where this is impracticable, the hypogastric region should be bathed with emollient fomentations. Mucilaginous drinks should be administered freely, as linseed tea, and injections of the same per anum, adding to a pint, from two to four drachms of the tincture of opium, according to the degree of suffering of the patient.

If urine has accumulated in the bladder and the inflamed state of the neck opposes its discharge, the introduction of a catheter may become indispensable; but this operation must be performed with great care and delicacy, as the bare contact of the instrument is calculated to augment the irritation of the mucous membrane. After having given vent to the urine, it will be advisable to press gently through the catheter into the bladder, a mucilaginous injection of flaxseed tea or a solution of gum arabic, to an ounce of which may be added twenty or thirty drops of laudanum. This should be retained for some minutes, when a part of it only should be allowed to flow out at a time, the other part remaining to attenuate the acrimony of the urine, until more is thrown in. When the symptoms are moderate and have not closed the neck

of the bladder, mucilage, of the temperature of the part, may be injected by a urethral syringe, in successive charges, till a portion of it reaches the bladder. Some irritation will be created at first by the contact of a fluid to which the part has not been accustomed, and by its retrograde distension of the passage, on account of which, simple mucilage alone should at first be tried, but after a small quantity of this has reached the bladder, I have found the addition of the tincture of opium, in proportion of a teaspoonful to an ounce of the injection, produce the most happy effect. Some effort will be required at first on the part of the patient to retain it, and it should be administered to him while in a horizontal posture, in a warm bath, or covered in bed. In almost all cases where inflammation runs high, is attended with violent straining, tenesmus, and other distressing symptoms, the above will be serviceable in mitigating the suffering. Finally, should catheterism become absolutely impracticable, under the depleting, relaxing, and soothing treatment above mentioned, it may become necessary to puncture the bladder with a trocar. The French surgeons generally prefer doing this over the pubis, and the English through the rectum. When the organ is much distended it is easy to penetrate it either way, without endangering the peritoneum.

When the inflammatory symptoms are subdued, it will be advisable to desist from the emollient course, lest the disease should assume a chronic character. On this account it is advisable, in the decline of the disease,

to change the rigid antiphlogistic treatment for one that is more invigorating, to administer drinks moderately astringent and tonic, to take solid food and wine, to exercise moderately, and to avoid all predisposing and exciting causes.

But oftentimes all these means fail, and the disease is converted into a chronic irritability of the bladder,—a disease which is more frequently seen than the acute kind, for besides being many times the consequence of it, this often begins in a slow and insensible manner. Though the causes are the same as of the acute kind, it is observed to proceed more frequently from stone and gravel, or from other unnatural bodies in the bladder,—the presence of a sound, for a long time, or of bougies introduced too far into the cavity of the organ. It is also apt to be the consequence of a cutaneous eruption, suddenly repelled, and to attend aged persons affected with rheumatism, gout, and nephritic irritation, a disease of the prostate, and to follow multiplied attacks of gonorrhœa, neglected or ill treated, excessive venery, and the abuse of spirituous liquors, particularly of gin; and to accompany diabetes.

When chronic inflammation and irritability succeed to the acute, there is a mucous discharge long after the inflammatory symptoms have subsided. If, on the contrary, the disease has not been preceded by acute symptoms, it is often accompanied with pains in the bladder and in the extremity of the urethra, before and during the discharge of urine; and this fluid, as it cools, deposits mucus, the quantity of which is gradually augmented, and which varies in

character according to the nature of the cause, as before stated.

The loss of this mucus when considerable, as well as the accompanying irritation, induces emaciation; and though one may live many years with such a disease, a cure ought to be attempted. To the general directions already given, may be added some of individual application to particular cases, whether local or sympathetic. The diagnostic symptoms of each case are to be particularly noticed; some of which I shall briefly mention.

1. If caused by *stone*, the pain in making water is severe and greatest while forcing out the last drops, because the contraction of the bladder presses the stone to the neck. Often there is a dull pain in the region of the bladder, with acute suffering in the glans penis. The pain is greatly increased by riding; there is a large quantity of mucus, and occasionally some blood in the urine. There is some difficulty in retaining the urine; frequently when the urine is flowing in full stream, it stops suddenly, without a cessation of the stimulus to evacuation.\* No cure can be effected without an operation, which it would be foreign to my purpose to describe.

2. *Renal calculi* in the bladder occasion an irritable state of it,—a discharge of mucus, and uneasiness in the loins. When in the form of *sand* the pain is slight, whilst *gravel* occasions great previous suffering in the kidney and

ureters. The sand is either white or red, and according as the former or latter color prevails, the sand is of an acid or an alkaline nature. This it is important to remember, as the remedies in the two cases must be different and opposite. When the urine deposits white sand, says Latham, acids should be administered, as the muriatic, sulphuric, citric and carbonic; but when these are long continued, they cause the very evil they were intended to remove; the sediment becomes copious, and of a red color. Reversing the treatment, and exhibiting alkalis, as magnesia and soda, changes them again to a white color. But by employing the two classes of medicines alternately, a balance between the evils will be preserved, until, by the aid of tonics and astringents, the cause, with the irritability it occasioned, are removed and health is restored. Both remedies must, however, be watched, in order to keep between the two extremes.

In these, or other like cases of irritable bladder depending on the presence of irritating substances, the coats of the organ are liable to a permanent contraction. "An irritation of the bladder, existing for a great length of time, especially that which is produced by the presence of a calculus, or of lithic sand, or by any other of the common causes of inflammation, will produce a shrinking of the organ from its natural size." Mr. Foote ascertained that in these, as well as in the cases depending on debility, the organ may be easily restored to its natural size by mucilaginous injections, which, besides distending the organ, and thus obviating one cause of irrita-

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\* "This happens from the stone falling on the urethra. If the patient be placed on his hands and knees while making water, and this sudden stoppage occurs, it is a particularly strong indication of stone, especially if the urine flows on changing to the more recumbent posture."—C. Bell.

bility, have also the happy effect to wash away the sand from the coats of the bladder, when present, more effectually than would be done by the urine alone.

Another cause of local irritation is diseased urine. Though it would seem more proper to refer an irritable state of the bladder from morbid urine to a disease of the kidney secreting it, rather than to the secretion itself, still the latter must have some effect in aggravating the disease. I shall barely refer here to diabetes mellitus, in which the urine, by its stimulating qualities, keeps up a constant irritability of the bladder. It would be wasting time to discuss the nature of this malady, for whether it be seated in the stomach or some of the chylo-facient viscera, as maintained by Rollo,—or caused by dyscracy or intemperament of the blood from defect in the assimilating functions, as stated by Willis and Sydenham,—or as Charles Darwin maintained, by a retrograde motion of the lacteals from the thoracic duct into the lacteals of the kidneys, or by a morbid condition of the kidneys, as maintained by Galen, Ruysch, Prout, Cruikshank, Dupuytren and Thenard, there is still a general agreement in respect to the best mode of treatment; and with a restoration of healthy urine, in this disease, or from any other cause, the irritability will of course subside.

The other diseases of the mucous membrane, in its continuations, are seated in the kidneys and urethra. Among the latter may be mentioned gonorrhœa virulenta, which often extends along the mucous lining of the urethra, producing a very irritable state of the bladder. The remedies in

such cases are the same as those described under acute inflammation of this organ. Bingham recommends the injection of warm oil, where there is a spasmodic stricture from the above cause, and attributes its good effects in part to mechanical distension; and compares it, in this respect, to the *partial* introduction of a large bougie, which has, in many cases, proved more effectual in giving passage to the urine than a small one, though introduced only two or three inches.

When the disease proceeds from inflammation in the kidneys, there is pain in the renal region; frequent micturition; vomiting; numbness of the thigh on the affected side, and retraction of the testicle. "The skin is usually hot and dry, the body costive, and motion, or even an erect position, is accompanied by considerable uneasiness." When the disease is violent the urine is discharged in small quantity, and of a pale hue; and hence if the urine becomes high colored, be secreted in a larger proportion, and be at length thick and mixed with mucus, a gradual relief may be expected to follow, and the cure will be effected by a copious flow. Sometimes the desire to make water is very distressing and incessant, and the bladder may become so irritable, that whether it be moderately distended with urine, or empty and contracted, the pain is equally great. It is unnecessary to add, that here the attention must be directed to the primary disease, and with the removal of this will cease the sympathetic irritability of the bladder.

The last remark applies also to sympathetic irritability proceed-



ing from affections of contiguous organs, of which our limits will permit of only a cursory notice. The signs denoting an irritation in the prostate, accompanying an irritable bladder, are, "a sense of heat and fulness; a dull, aching pain in the perineum, with occasional aching pain in front of the pubis, as though this latter part were pressed externally by some hard substance. In some instances, the finger in the rectum will discover the prostate to be enlarged; and if the gland be pressed, it sometimes causes pain in front of the pubis; but it must be remembered, that considerable irritation may prevail in the gland, without any enlargement of it. Should the prostate, however, be enlarged, then very probably there will be also a partial retention of urine, which may be the only cause of the bladder's being irritable. This can only be known by introducing the catheter, after the patient has used all his endeavors to expel his urine. Disease in the prostate operates directly, and indirectly, to produce irritability of the bladder. The direct effect takes place when irritation is propagated, or continued from the prostate to the bladder; and the indirect effect occurs when some enlargement of the prostate merely prevents the complete evacuation of the urine, in which case the bladder grows irritable in consequence of the perpetual stimulus of the retained urine. This should be carefully borne in mind, because the treatment of these cases ought to vary according to the immediate cause of the vesical irritation. If the bladder suffers from partial retention of urine, this must be remedied by the introduction of the catheter,

as often as necessary." In cases of diseased prostate, Mr. Bingham considers it of the first importance to regulate the digestive organs by diet and medicine; and when this is done the sympathetic affection will generally subside.\* His directions in regard to the use of the catheter are excellent, and, if attended to, will enable one to understand the nature of the obstruction opposed to the passage of urine by the prostate;—that is, whether it be the middle or the lateral lobes that are enlarged.\*

Derangement in the functions of the uterus, as obstructed catamenia and hysteritis, may cause an irritable state of the bladder;

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\* "When an instrument will pass to and fro freely, for the distance of eight, eight and a half, or nine inches along the urethra, the retention will then generally be owing to the valvular projection of the middle lobe of the prostate, over the internal orifice of the canal; but if, when the instrument has entered about seven inches and a half, it be impossible or difficult to urge it further, and when it has passed further, it be found equally difficult to withdraw,—and if it be a bougie that has been used, and its point appears flattened at the sides, then there will be reason to conclude that the lateral lobes of the gland press firmly against each other, and so obstruct the flow of urine. This latter kind of obstruction usually comes on in consequence of inflammation of the prostate, and is indicated also by a great sense of weight, heat, and fulness, and perhaps aching pain in the perineum and about the pubis. Very often, both these kinds of obstruction exist at the same time; for as that which results from the pressure of the lateral lobes against each other may be brought on at any time by a sufficient degree of inflammation, so it is apt to take place when the valvular projection of the middle lobe exists already. Inflammation may indeed be the cause of the valvular obstruction; for, although the middle lobe of the prostate be morbidly enlarged, it may not be sufficiently so to obstruct the urine; but if it becomes inflamed, then the increase in size that necessarily follows, makes it shut up the urethra completely."—*Bingham.*



but as the primary affection in this case, as well as the remedies, are generally understood, nothing further need be added. Ulcerations of the colon and rectum are mentioned by Bingham, and several interesting cases are given which were successfully treated by mild purgatives, with strictest attention to diet, followed by mild tonics.

When the disease succeeds to a suddenly repelled cutaneous eruption, more benefit is to be expected from blisters than when it proceeds from other causes. Persons who are subject to returns of an irritable state of the bladder, from suddenly checked perspiration, have been benefited by perseverance in the use of the shower-bath.

## II.

### *Extraordinary Case of Ascites.*

Communicated for the Boston Medical and Surgical Journal,

By THADDEUS SPAULDING, M.D.

NEVER having seen a recorded case in this country of an ascitical patient where the quantity of fluid extracted was so large as in the present instance, I am induced to send the following case for publication, should the Editors of the "Boston Medical and Surgical Journal" think it merits a place in that useful work.

Miss S. E., æt. 61, of more than common stature, rather muscular, dark complexion, of healthy parents, and the third of nine children,\* generally enjoying un-

interrupted health, though of inactive habits, and not having a mind easily affected by passing events.

She possessed no particular idiosyncrasy, excepting an unusual degree of sleepiness, with which she was affected twenty years, or more. She was so much inclined to it, that it was nothing strange to see her disposed to sleep at any period of the day, at home or abroad.

She had a severe biliary attack in December, 1824, and January, 1825, and, as I have been informed, was considered very dangerous. A great torpidity of the intestinal canal existed, which seemed to demand the most active purgatives; but by proper medical treatment, she recovered to a comfortable degree of health. A month or two elapsed, when symptoms of ascites presented; she was treated by the attending physician with the usual routine of medicines generally prescribed in such cases.

At length, it was thought advisable to perform the operation of paracentesis abdominis, to which she readily assented; having experienced, by this time, much uneasiness from distension.

The first operation was performed May 21st, 1825, about two inches below the umbilicus, in the linea alba, and the water removed, weighing 31 pounds and 12 ounces. A supporting bandage was applied, and rest recommended. After a few days she walked abroad, and appeared in more than usual spirits. It was not found necessary to repeat the operation till the 16th of August following, when 27½ pounds were drawn. The fluid at this, and the time previous, was of a greenish,

\* See, in the 27th No. of the "Boston Medical and Surgical Journal," of August last, an account of a "Case of Artificial Anus." The Mrs. S. E. there spoken of was the mother of the person alluded to in this paper.

semi-transparent appearance, inodorous, and rather of an oily, gelatinous consistence. At the close of two months, (Oct. 15th,) 33 pounds of very clear and more natural-looking fluid were removed. She now came particularly under my care; although, by the politeness of the three medical gentlemen who had severally operated, I was an eye-witness to the results as above stated. The operation was performed five times from this (Oct. 15th) till May 21st, 1826, and diminishing in quantity from  $33\frac{1}{2}$  pounds to  $25\frac{1}{2}$ ; and amounting, in one year, (that is, from May 21st, 1825, till May 21st, 1826,) to 234 pounds and  $3\frac{1}{2}$ ; and appearing sometimes of a slate, at others of a whey-like color, and of so jelly a consistence, as rendered it noiseless when passing. From May, 1826, till May 16th, 1827, I performed the operation twenty-two times, and the quantity removed during that period amounted to 484 pounds and 9 ounces, averaging about 22 pounds in sixteen or seventeen days; the fluid sometimes having a chocolate appearance, but more generally resembling the white of eggs, only much thinner and more glutinous; and the last portion running, (say three or four pounds,) almost invariably appearing like pus, having a peculiar kind of saccharine smell. About this time, the symptoms appeared more alarming, with some indications of hydrothorax, which, however, were dissipated as the uterine system seemed to act. She had the catamenia twice during my care of her, which was probably produced, either by sympathy, or by the distension of the abdominal cavity; for about this time there were strong indications

of an enlargement of the liver and particularly of the spleen, so far as could be learnt by external examination. Till now, the natural functions of the uterus had ceased for many years.

From May 16th, 1827, till July 11th, 1828, the last time I operated, (a period of nearly fourteen months,) the operation was performed sixty-two times, and 1028 pounds and 6 ounces were drawn, averaging more than 17 pounds a week; the aggregate quantity amounting to *One thousand seven hundred and forty-seven pounds, Avoirdupois, drawn at Ninety-two operations, in less than three years and two months.* It may be remarked, that the operation was always postponed as long as the patient could bear the distension, excepting in the last instance. About six days previous to her death, her appetite, which had been very great during her sickness, suddenly declined; the distension was much diminished, with a great flaccidity of the abdominal muscles. Under these circumstances, the day previous to her death, she urged the operation, seeming insensible that the "wheel was broken at the cistern," and that the vital powers were just ready to surrender their charge; although I informed her that a few hours would close the scene. I however yielded to her solicitation, and removed only  $6\frac{3}{4}$  pounds of dark chocolate-colored fluid, and of cadaverous smell. It seemed destitute of the properties it had formerly exhibited, being thin, and passing with perfect freedom, but not noiseless as usual. It occurred to me that in this instance the opinion of the justly celebrated John Hunter was corroborated. He says, "a

disease often produces such weakness as to destroy itself ;” and I may add, the patient also ; for in this case, as soon as the fluid ceased accumulating, she began to fail, and soon sank into the arms of death, without a sigh or groan. I regret to add, I was not permitted a post-mortem examination, which might have developed facts interesting to medical science.

*South Reading, Nov. 1828.*

### III.

*Of Laborious Labor.—From Lectures delivered at Guy’s Hospital,*

By Dr. JAMES BLUNDELL.

(Concluded from p. 713.)

WHEN the efflux of the urine is prevented, lacerations of the bladder may occur. Sometimes the body of the bladder gives way into the peritoneal sac posteriorly ; sometimes the urine forces its way out in front, so as to become diffused in the cellular web externally to the peritoneum ; and, in some cases not the less frequent, the back part of the neck of the bladder gives way into the vagina. If the urine be diffused in the cellular web, lying between the front of the bladder and the abdominal coverings, the case must, I suppose, be deemed desperate ; if the water escape from the bladder behind, so as to collect within the cavity of the peritoneum, by withdrawing the urine, washing out the peritoneum with the proper cautions, and tying up the aperture formed by the lacerations, judging from experiments upon animals, I conceive that the life of the patient might now and then be preserved. From a successful case under the care of my friend, Mr. Gaitskell, of Rother-

hithe, I infer, that where the neck of the bladder is burst open behind, the part will sometimes close up, provided a catheter be worn for a few weeks. In the case to which I have alluded, the closure was very remarkable and certain. The same practice failed in a second case, where, however, the rent was less extensive. The laceration of the body of the bladder is occasioned by the accumulation of urine, and is prevented, therefore, by evacuating it, whether by the catheter or the natural efforts. The disruption of the neck arises from the gathering of the water in the bladder, joined with some descent of the neck towards the outlet of the pelvis. In this state of the parts, on entering the pelvic cavity, the head, as here demonstrated, divides the bladder, as it were, into two chambers, one lying above the brim in front of the abdomen, the other below and behind the symphysis pubis. On this latter chamber, as the head advances, whether under the action of the instruments or of the natural efforts, great pressure is made, and by this pressure, as the apparatus shows you, the bladder may be thrown open, the urine issuing in a sudden gush. From sloughy openings of the cervix vesicæ, openings of this kind differ widely ; in the former there is loss of substance, in the latter disunion merely—the former openings, perhaps, never heal, the latter sometimes.

When urine accumulates behind the symphysis in the neck of the bladder, this part bearing down before the head, the bladder should be emptied with great care, and much attention is sometimes necessary to effect this ; sometimes the catheter cannot be

introduced, or if it be passed into the bladder, a complete evacuation of the urine cannot be obtained without compressing the bladder extrinsically, by first laying the hand on the abdomen below the navel, and afterwards pressing the cervix where it prolapses behind the symphysis pubis. In these cases, of course, the head must not be brought forward too rapidly by the lever or the forceps. These lacerations of the bladder are all of them rare. In general the bladder should be kept empty in all labors. Little drink; much perspiration; spontaneous discharge of the urine; the catheter; are the principal means of securing this advantage. The *flat catheter* recommended by Ramsbotham, an excellent practical accoucheur, is an useful instrument. Force is always improper, when the catheter is employed. Apertures occasioned by the catheter in the back of the cervix vesicæ, or still more frequently of the urethra, I have myself seen. By gently pushing back the head of the child, room may sometimes be made for the admission of the instrument.

Dreadful contusions and mortifications are apt to occur in laborious labors, nor are they in consultation practice unfrequent. From the rude action of the hand (perhaps), from violent efforts to abstract the head with embryospastic, or other instruments, from frequently repeated, but unavailing, labor pains; and above all, from impaction of the head in the cavity of the pelvis between the front and back; the locked or incarcerated head, as it is called, extensive mortifications, sweeping all round the upper or inferior part of the vagina, may be pro-

duced. If these sloughs are superficial, affecting the inner membrane only, they are less dangerous, though adhesions, contractions, and indurations of the vagina are too often the ultimate result. If the labia pudendi or surface of the perineum be injured internally in this manner, the patient generally does well; but if the sloughs lie above and penetrate deeply, death at the end of a few hours, or a few days, is not unfrequently the result, the system giving way under collapse, or should the patient escape, the bladder or rectum are not uncommonly laid open into the cavity of the vagina, in consequence of a detachment of the sloughs. Of the management of these sloughs, when produced, I may take occasion to treat hereafter, confining my remarks at present to the preventive treatment. The more common causes of them, already stated, are the rude pressure of the hand, the violent use of instruments, and the pressure exerted by the foetal head, whether above or below the brim of the pelvis; and it is important to recollect this, in order that you may be on your guard against them. A frequent pulse by no means generally implies the risk of slough; but, on the other hand, while the pulse between the pains remains below 110, I think the patient is tolerably secure. I am not prepared to assert, that the contusion producing slough, never occurs without collapse of the strength; but in general, an incipient failure of the powers gives us an useful intimation of the bruising of the parts. Many women, if the head remain above the brim of the pelvis, may do well, although they have been in strong labor for more than twen-

ty-four hours after the discharge of the liquor amnii ; but in long-protracted labor there is always danger, even when the fœtus lies free in the false pelvis above the brim, the pressure being occasional only ; I mean during the pains. When the head is down between the symphysis pubis and the sacrum, so as to become incarcerated there, and compress permanently the parts between the front and back of the pelvis, and this, too, for hours together, five or six, for example, women may suffer little notwithstanding ; but wherever the head is locked up in the pelvis in this manner, there is always reasonable cause for apprehending that fatal contusion and slough will occur, unless the cranium be promptly liberated ; for in these cases the pressure is not occasional merely, but continued, not (as you may perceive from this apparatus) slight, but very forcible ; the bladder and rectum being completely obstructed by it, the bladder especially, and the bones of the fœtal cranium becoming displaced. It is much to be wished that some experienced practitioner could discover for us a rule by which we might determine with precision the moment when contusion, likely to terminate in these formidable sloughs, is commencing ; for such rule has not yet been formed. I may, however, observe in general, that when the pulse is not permanently rising, nor the strength failing, nor the labor protracted beyond twenty-four hours of strong exertion, after the discharge of the waters, if the head be above the brim, nor more than three or four hours if it be locked loosely in the pelvis, nor more than half an hour or an hour, if more firmly locked, then

the patient is secure against slough ; but, if the converse of these conditions occurs, sloughs are to be apprehended. And let me add, too, more simply, that a pulse of 110, and vigorous powers, are a plain and valuable indication of security, and that you have good cause for alarm and vigilance when the pulse rises, and the strength begins to fail, and the countenance acquires an expression of anxiety, and there is that aspect which leads the practitioner to remark, that "the patient appears very much worn."

In laborious labor it sometimes happens, that inflammations commence in the substance of the cervix uteri and the vagina, the rectum and bladder, perhaps, being more or less involved in the disease. A crust of buff upon the blood, an unusual tenderness of the parts between the pelvis and navel in front, and a permanent frequency of the pulse, are perhaps some of the most decisive characters of this accident ; and venesection and delivery may be looked upon as the most effectual remedies. Fomentations, leeches, laxatives, and similar remedies may be proper after delivery, but of these hereafter.

During easy parturition sometimes, but more frequently under violent efforts, the pulse rises permanently to 120 in the minute ; the heat of the surface increases ; the tongue becomes browner ; the face is flushed, as in typhous fever ; the cry of the woman is sharper and more frequent, and she shows herself impatient of her pains, irascible, morose, and perhaps at length delirious. All these symptoms may vanish on delivery ; or after parturition is completed, they may continue,

terminating at last in puerperal mania, or other troublesome cephalic affections. If the attack be slight, it may be found to yield under the abstraction of stimuli, and a venesection of sixteen or twenty ounces; if more violent, it may require the use of the tractor, forceps, or perforator. Wine, and other fermented liquors, are clearly improper. The symptoms are, perhaps, sometimes produced by the abuse of these excitements. This affection may be denominated puerperal irritability.

In laborious labors the strength sometimes fails, the degree of collapse varying greatly. If the depression of the powers is extreme—the pulse frequent, but failing—the body cooling—the pain remitting—the countenance falling, and death appearing, as it were in the face—there are, I believe, generally, in such cases, extensive and deep confusions, and though the patient may, perhaps, recover, yet death, in a few days, or a few hours, is to be expected. Delivery seems to be indicated here. A stillborn child is probable. But when collapse occurs in these laborious labors, often it is in slighter degree only, and independently of contusion or slough, it may be produced by the fatigue arising from much labor-pain, want of sleep, pacing the chamber, or other analogous causes. An opiate, or other anodyne, in quantity sufficient to give the patient sound sleep and rest, may sometimes be of service. Delivery is desirable, but if all other symptoms were favorable, I should be unwilling to administer instrumental assistance, merely because the patient was a little weary.

Among the accidents of laborious labor, convulsions may be enumerated, but happily their occurrence is not frequent—or, to speak more correctly, they are rare. Insensibility, and spasmodic concussion of the whole frame, concurring frequently with the labor-pains, are the leading characters of the disease. Large bleedings, refrigeration of the head by ice or cold lotions, purgation of the primæ viæ, and delivery, are the principal remedies: but of this hereafter. Flushing of the face, throbbing of the carotids, noises in the ears, failures of sight, of articulation, of feeling, or motion in particular members of the body, together with a shuddering of the muscles, are, I believe, the more common premonitory symptoms—and convulsions are the more to be apprehended, if the patient have been attacked with the disease before. Bleeding, and if of easy accomplishment, delivery, are the best preventives of the attacks.

After-flooding is very common in laborious labors, being, perhaps, rather salutary than injurious; treat it according to the rules laid down. The womb is, from fatigue, indisposed to contract after these deliveries; beware, therefore, of carelessly hurrying forth the placenta, lest inversion should occur. The method of managing the birth of the secundines was explained at large, when we treated of natural parturition.

After laborious labors, the fœtus is frequently stillborn, in consequence of compression and contusion of the brain; frequently, the form of the cranium is altered; generally, the scalp is

much swelled. Pressure on the chord within the womb, may also, sometimes, occasion a still-birth. No stillborn child ought, in these cases, to be rashly pronounced irrecoverable. The diligent and effective use of the resuscitants, can alone enable us to determine whether restoration be practicable; for it well deserves remark, that fœtuses subjected to the higher degrees of compression, are sometimes unexpectedly revived; while, in other instances, our attempts to resuscitate, though actively urged, are wholly ineffectual, although, from the slowness and short continuance of the pressure during the labor, we have entertained sanguine expectations of success. Artificial respiration, and the warm bath, are principal remedies here, and the means ought to be in readiness.

The labia pudendi, and the parts about the anus, sometimes swell greatly in laborious labors; the probable cause of this intumescence is, obstruction of the vessels above—delivery is the best remedy for it. These swellings indicate pressure, and ought always to awaken vigilance.

#### INTERESTING EXTRACT.

"*Experience alone* is by no means a safe teacher; it but confirms fools in their folly,—the wise only learn from it.

"There is a very prevalent idea among professional men, that *practice alone* makes the good and successful practitioner. We deny it—and this denial is grounded on more than thirty years of careful observation, not only of diseases, but of men. In all that course of time we never knew a good and successful practitioner who did not read and

study, as well as observe. It is usual for the lazy man of experience to quote John Hunter, as an example of great eminence without reading. Not having known John Hunter, we cannot speak as to his *practical* talents; but the foregoing opinion is the result of what we have seen among our own acquaintances, which are not very few. It is fashionable to deride books and study; but, for our own part, we have no hesitation in affirming, that nine-tenths of our *practical* knowledge would never have been acquired, had it not been for that discipline which results from studying the practical observations of others. This sentiment from grey hairs may probably have some weight with those who think that everything is to be gained by the *sight* of diseases, and little or nothing from reflections excited by reading. Not a day passes—not a day *has* passed for twenty years, that we have not seen the most outrageous errors committed by men who pride themselves on never consulting anything but their own *experience*. Such men were born in darkness—live in darkness—and will die in darkness."—*Medico-Chirurgical Rev. July, 1828, from the Revue Med.*

#### WEEKLY REPORT OF DEATHS IN BOSTON,

Ending Dec. 26, at noon.

Dec. 20.	George Kingsbury, jr.	3
	Reuben Brown,	
	Patrick Burns,	36
	Ellen Carney,	14
	Mary R. Wright,	36
21.	Joanna Newby,	20
	Rosanna Hannagan,	23
22.	John Williams,	3 mo.
	Thomas T. Redlington,	11 yrs.
	Ann H. Williams,	19
23.	Jacob Coombs,	77
	William T. Rowlin,	21
25.	David Hyde,	56
	William McClellenn,	61
26.	Thomas Ridley,	55
	Sarah McGrath,	2

Apoplexy, 4—childbed, 2—consumption, 2—dropsy, 1—hooping cough, 1—lung fever, 1—mortification, 1—typhous fever, 1—unknown, 3. Males, 10—females, 6. Stillborn, 1. Total, 17.



## ADVERTISEMENTS.

## ATHENEUM;

OR, SPIRIT OF THE ENGLISH MAGAZINES.

**T**HE Atheneum is published on the 1st and 15th of every month, each number containing 40 pages, large octavo. It consists of selections from the best English Magazines, and is intended Miscella as a ny for all classes of readers. The price of the work, with plates of the fashions, is six dollars a year; without them, five dollars. Other plates will occasionally be given, and sent to all the subscribers, without additional charge.

184 Washington Street, Boston.

Nov. 4.

## SURGICAL INSTRUMENTS.

**D**AVID & JOHN HENSHAW & Co. No. 33, India Street, near the head of Central Wharf, have for sale a very extensive assortment of Surgical Instruments. Gentlemen wishing to purchase will find it to their advantage to call and examine them. Oct. 14.

6mo.

## ABERNETHY'S LECTURES.

**T**HIS day published by Benjamin Perkins & Co. Lectures on *Anatomy, Surgery, and Pathology*, including observations on the nature and treatment of *Local Diseases*,—delivered at St. Bartholomew's Hospital, by JOHN ABERNETHY F. R. S. 6w.

Boston, Sept. 22, 1828.

**B**ENJAMIN PERKINS & CO. have in the press, and will shortly publish, "A Manual for the use of the *Stethoscope*, being a Treatise on the different Methods of investigating the Diseases of the Chest. Translated from the French of M. COLLIN, by W. N. RYLAND, with Notes and an Introduction by a Fellow of the Massachusetts Medical Society.

Oct. 23, 1828.

Nov. 4—6w.

## NATHAN JARVIS,

*Druggist and Apothecary,*

**H**AS taken the Apothecaries' Hall, No. 188, Washington Street (lately

kept by Messrs. Wm. B. & Henry White.) His stock of Drugs and Medicines is complete and genuine. Physicians and others are assured that their orders, prescriptions, &c. will meet with prompt and strict personal attention.

The old friends of this establishment are requested to continue their patronage.

## EUROPEAN LEECHES.

**C**HARLES WHITE, No. 269 Washington St., Corner of Winter St., has received a supply of GERMAN and PORTUGUESE LEECHES.

## PRIZE DISSERTATION

*On the Effects of Spirituous Liquors.*

**A**T the Annual Meeting of the Massachusetts Medical Society in 1827, the following resolution was adopted:—

"Resolved, That this Society will use the skill of its members in ascertaining the best mode of preventing and curing the habit of intemperance, and that for this purpose a premium of FIFTY DOLLARS shall be offered for the best Dissertation on the subject; which after being approved by the Counsellors shall be read at the next annual meeting of the Society, and afterwards printed; and that the authors be requested to point out the circumstances in which the abandonment of the habitual use of stimulating drinks is dangerous; and also to investigate the effect of the use of wine and ardent spirits on the different organs and textures of the human body."

In consequence of this resolution two dissertations were presented; but not being sent within the time specified, they could not be examined.

At the Annual Meeting of the Society in 1828, it was voted to renew the offer of the premium on the same conditions, and the undersigned were chosen to receive and examine the dissertations.

The dissertations presented for the premiums may be left at the office of Mr. John Cotton, Bookseller, Boston, or sent to the Chairman of the Committee; or on before the 15th day of April, 1829.

JOHN C. WARREN, }  
ZABDIEL B. ADAMS, } Committee.  
JOHN WARE, }

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.